

Case Number:	CM15-0188024		
Date Assigned:	10/21/2015	Date of Injury:	01/27/1999
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained an industrial injury on 1-27-99. A review of the medical records indicates that the worker is undergoing treatment for myofascial pain syndrome, arthritis of knee- degenerative (right knee), and chondromalacia (right knee). Subjective complaints (9-3-15) include knee pain, swelling, warmth, instability, difficulty bearing weight, and ambulating and (7-9-15) pain level rated 6-7 out of 10. Objective findings (9-3-15) include right knee swelling-boggy, trace effusion, coarse crepitus, muscle atrophy in the vastus medialis oblique region of the right knee, and positive McMurray and patellar grind test on the right. It is noted that mentally, she is not capable of rehabing a total knee arthroplasty at this time. Previous treatment includes psychiatric treatment, cortisone injection (with reported minimal relief), Topamax, Valium, Cymbalta, Trazadone, Omeprazole, BuSpar, Norco, and right knee arthroscopy x2. A request for authorization is dated 9-4-15. On 9-22-15, the requested treatment of one pain management evaluation and treatment was modified to one pain management evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2007, page 56.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: In this case, the patient has persistent pain in both knees and lumbar spine. She is apparently not a surgical candidate due to anticipated problems with post-op rehabilitation. The request is for a pain management evaluation and treatment. In this case, a pain management evaluation seems appropriate; however since the evaluation is pending, the requested treatment is premature and inappropriate and not medically necessary at this time.